

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

SERIAL NO.

1020092550

FILING DATE

APPLICANT'S

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		3				
5		10				
6		10				
7		10				
8		10				
9		10				
10		10				
11		10				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18						
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.		16				
TOTAL CLAIMS		17				

	IND.	DEP.	IND.	DEP.	IND.
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
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97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					